

Charitable Gaming Quarterly Report

Louisiana Department of Revenue Office of Charitable Gaming P.O. Box 98502

Baton Rouge, LA 70884-9502 Phone: 1-800-562-9235 www.ocg.louisiana.gov

Do not write in this space.
\square Accepted \square Conditional \square Denied
Reviewed by
Date

2 Bingo/Keno 2 000 0											
Calendar Quarter	Inver	ntory Attache	ed □Yes □No □N/A								
STHIS A CHANGE OF ADDRESS? YES NO SA COMMERCIAL HALL USD? YES NO	Name					Reporting Period					
Or print. City, State, ZIP	Ple	ease type	Address			License Number		Calendar Quarter	Calendar Quarter		
STHIS A CHANGE OF ADDRESS? YES NO						G-		□ 1st □ 2nd □ 3rd	☐ 4th		
ISTHIS A CHANGE OF ADDRESS? VES NO IS A COMMERCIAL HALL USED? VES NO NO TOTAL ATTENDANCE: TOTAL NUMBER OF SESSIONS HELD:			City State ZIP	City State 7IP				Year			
TOTAL ATTENDANCE:		IC TUIC	** *	VEC			16 4 0		D2 DVEC	¬ NO	
Part I Gaming Proceeds for this Quarter	TOT								D? LTES	⊔ NO	
1 Door prizes						TOTAL N			1		
2 Bingo/Keno			Proceeds for this Quarter		A. Gross proceeds		B. C	<u> </u>			
3 Mega Progressive bingo	_									00	
4 Pull tabs # sold at \$1;\$50;\$254 000		_					-			00	
S	_		-							00	
6 Video machines 6 0 00 0 00 00 00 00 00 00 00 00 00 00	-						_			00	
To Other receipts (Attach schedule)								0	J	00	
8 Totals (Add Lines 1 through 7) 8 00 00 00 00 00 00 00	_			-			_			00	
Part II Gaming Expenses for this Quarter 9	_	· .	,						2	00	
9 Purchase of gaming supplies from licensed distributors 9 0 00 10 Building cost or rental 10 0 00 11 Purchase or rental of equipment and furniture (Attach schedule) 111 00 112 Net shortages 112 00 113 Maintenance and minor repairs (Attach schedule) 13 00 114 Paid bingo workers, related taxes, and bingo worker meals (Attach schedule) 14 00 115 00 114 Paid bingo workers, related taxes, and bingo worker meals (Attach schedule) 15 00 115 00 116 00 117 Security services 117 00 117 Security services 117 00 118 Regulatory fees and fines 118 00 119 00 119 Security services 119 00 119		· · · · · · · · · · · · · · · · · · ·		0		0	0		0	00	
10 Building cost or rental 10 00 00 11 Purchase or rental of equipment and furniture (Attach schedule) 11 00 12 Net shortages 12 00 13 Maintenance and minor repairs (Attach schedule) 13 00 14 Paid bingo workers, related taxes, and bingo worker meals (Attach schedule) 14 00 15 Other supplies (Attach schedule) 15 00 16 Legal and accounting fees relating to gaming only (Attach schedule) 16 00 16 Legal and accounting fees relating to gaming only (Attach schedule) 16 00 17 Security services 17 00 18 Regulatory fees and fines 18 00 19 Bank charges 19 00 00 00 00 00 00 00		_					a	0	n		
11 Purchase or rental of equipment and furniture (Attach schedule)							_		_		
12	_			sched	lule)				_		
13 Maintenance and minor repairs (Attach schedule) 13 00 14 Paid bingo workers, related taxes, and bingo worker meals (Attach schedule) 14 00 15 Other supplies (Attach schedule) 15 00 16 Legal and accounting fees relating to gaming only (Attach schedule) 16 00 17 Security services 17 00 18 Regulatory fees and fines 18 00 19 Bank charges 19 00 20 Other (Attach schedule) 20 00 21 Total expenses (Add Lines 9 through 20). 21 00 22 Net proceeds (Subtract Line 21 from Line 8, Column C) 22 00 23 Net proceeds (Subtract Line 21 from Line 8, Column C) 22 00 24 Add: Net proceeds carryover 23 00 24 Add: Net proceeds carred current quarter (Line 22) 24 00 25 Adjustment (Attach explanation) 25 00 26 Net proceeds available for distribution (Add Lines 23 and 24, plus or minus Line 25) 26 00 28 Net proceeds disbursed (donations) current quarter (Attach Schedule A) 27 00 28 Net proceeds carryover to next quarter (Subtract Line 27 from Line 26) 28 00 29 Repair IV Inventory of Purchased Merchandise to be Awarded as Prizes 29 00 30 Add: Merchandise prizes purchased current quarter 30 00 31 Less: Merchandise prizes awarded current quarter 31 00 32 Ending inventory (Add Line 29 plus Line 30 minus Line 31) Part V Separate Charitable Gaming Bank Account Information Reconciled				001100	idio)		_		_		
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15 Other supplies (Attach schedule)			,	neals (Attach schedule)				_		
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Part IV Inventory of Purchased Merchandise to be Awarded as Prizes 29 Beginning inventory (Line 32 from prior quarter) 29 0 30 Add: Merchandise prizes purchased current quarter 30 0 31 Less: Merchandise prizes awarded current quarter 31 0 32 Ending inventory (Add Line 29 plus Line 30 minus Line 31) 32 0 Part V Separate Charitable Gaming Bank Account Information Reconciled	27	Less: Net proceeds disbursed (donations) current quarter (Attach Schedule A)					2	7	00		
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31 Less: Merchandise prizes awarded current quarter 31 0 32 Ending inventory (Add Line 29 plus Line 30 minus Line 31) 32 0 Part V Separate Charitable Gaming Bank Account Information Reconciled	29	Beginning in	ventory (Line 32 from prior quarter)					2	9	00	
32 Ending inventory (Add Line 29 plus Line 30 minus Line 31) Part V Separate Charitable Gaming Bank Account Information Reconciled	30	Add: Mercha						3)	00	
Part V Separate Charitable Gaming Bank Account Information Reconciled	31							3	1	00	
1.171							3:	2	00		
A Name of bank(s) Account numbers(s) Acct Balance(s)											
The state of the s	A. Name of bank(s)				Accour	nt numbers(s)		llance(s)			
A.											
A.											
Note: Part V total plus Line 32 must equal Line 28	Note: Part V total plus Line 32 must equal Line 28.			· · · · · · · · · · · · · · · · · · ·				B.			
C. Part V total (Add Line A plus Line B) C. Signature and verification	C. Pa				art V total (Add Line A plus Line B)			U.			

Under the penalties of perjury, and Louisiana Revised Statute 4:735, I declare that I have examined this report, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than organization official) is based on all available information.

Signature of organization official	Print name	Title	Telephone	Date
Signature of preparer	Print name	Title	Telephone	Date



Charitable Gaming Quarterly Report – Schedule A

Record of Net Proceeds (Donations) Disbursed Current Quarter

Name of licensee			License Number G-			Year		
Date	Check no.	Payee	Payee Address	Explanation/reason for donation	Code	Amount	Α	
						00	В	
						00	С	
						00	D	
						00	E	
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Subtotal this page 00							1	
If this is the last page of Schedule A, add the subtotals of preceding pages and enter here								
Total net proceeds (donations) disbursed this quarter (Enter here and on quarterly report, Part III Line 27)								

Codes: A-Educational B-Charitable C-Religious D-Patriotic E-Other public spirited



Charitable Gaming Quarterly Report - Schedule B

Record of Donated Merchandise - Value of \$100 or More

Name of licensee		License Number G-		Quarter	Year	Do not write in this space
Part I. Record of donate	d merchandise received by licen			I.		
Date received	Name of do			Description of donated merchandise	Fair market value	
						00
						00
						00
						00
						00
						00
						00
						00
						00
						00
						00
						00
						00
						00
Part II. Record of donate	ed merchandise awarded as prize	es by licensee during curre	nt month			
Date received	Date awarded	Type of game		Description of donated merchandise	Fair market value	
						00
						00
						00
						00
						00
						00
						00
						00
						00
						00
						00



Actual Physical Count of all Inventory on Hand and Assigned Fixed Value of Gaming Supplies

Louisiana Department of Revenue Office of Charitable Gaming P.O. Box 98502 Baton Rouge, LA 70884-9502 Phone: 1-800-562-9235 www.ocg.louisiana.gov

Name of Ownerinsti			License Niverberr				
Name of Organization			License Number: G-				
the number	of the card (where the numbers are print is are printed) is colored or tinted, the pa g colored or non-colored paper.	ted) is white, the aper is colored (C	paper is non-colored (N C). Colored borders or ed	IC). If the face of the card (whe	ere en		
PLE	ASE NOTE THAT THE ASSIGNED	FIXED VALUE	OF PAPER IS THE F	PRICE CHARGED TO PATI	RONS.		
Full description of p Examples Cut and color Cut and series Sealed cards Criss Cross	aper or pull tabs 6 on 10 C 6 on 10 C (1-9000) Bonanza 6 on 1 NC (red) Form #300	face va	ted value of paper or slue of pull tabs. 50, 1.00, 2.00, 10.00	Serial number of paper or pull tabs	Actual quantity on hand		
Р	rint name of person taking inventory		Sig	nature of person taking invento	ory		

Title or position with organization

Date inventory taken